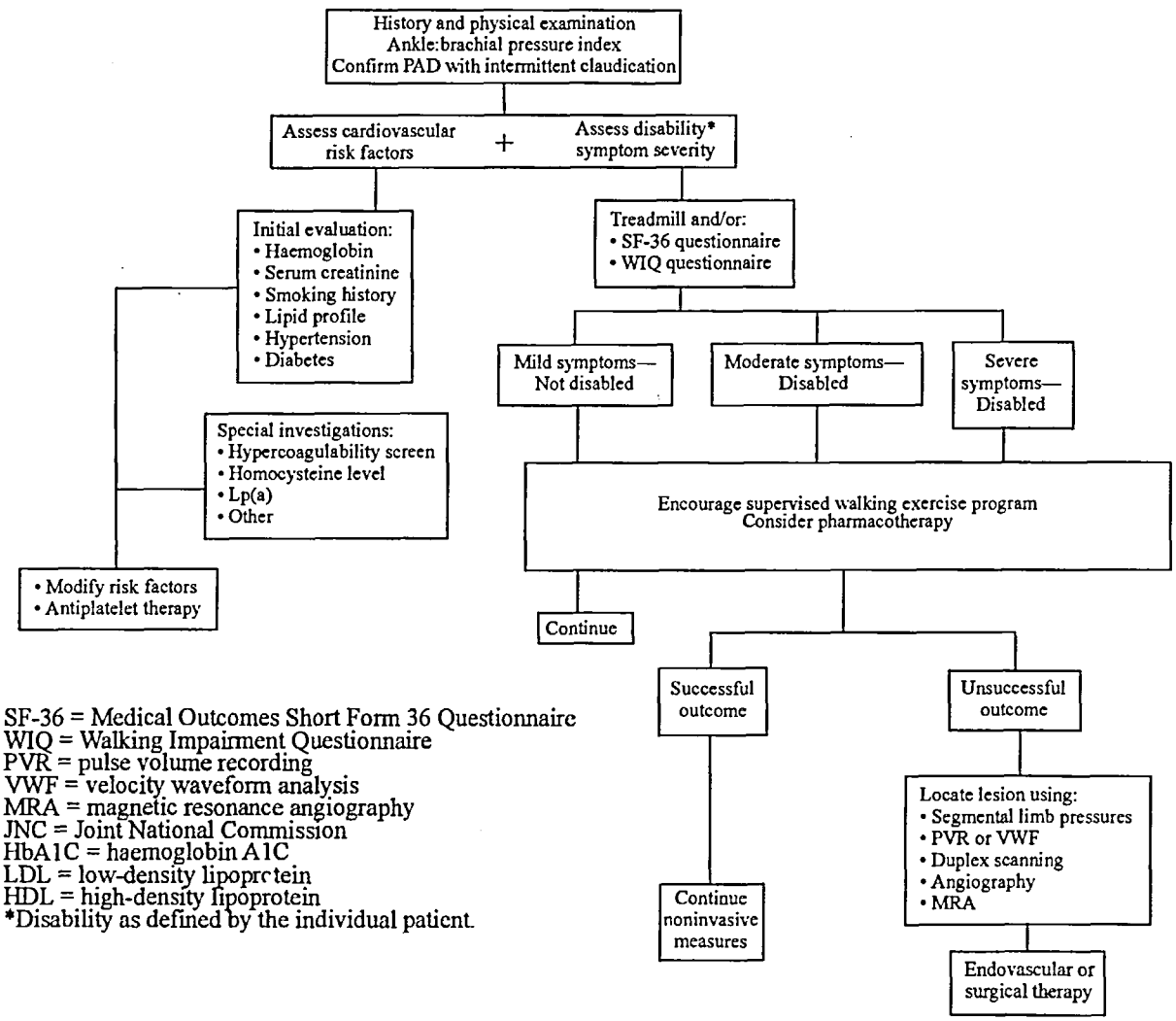
14. Hunink MGM, Wong JB, Donaldson MC, Meyerovitz MF, de Vries J, Harrington DP. Revascularization for femoropopliteal disease: a decision and cost-effectiveness analysis. JAMA 1995; 274: 165-171.
15. The Ad Hoc Committee On Reporting Standards. Society for Vascular Surgery/North American Chapter. International Society for Cardio-vascular Surgery: suggested standards for reports dealing with lower extremity ischemia. J Vasc Surg 1986; 4: 80-94.
16. Dalman RL, Taylor LM Jr, Moneta GL, Yeager RA, Porter JM. Simultaneous operative repair of multilevel lower extremity occlusive disease. J Vasc Surg 1991; 13: 211-221.
17. Dalman RL, Taylor LM Jr. Basic data related to infrainguinal revascula-rization procedures. Ann Vasc Surg 1990; 4: 309-312.
18. Quinones-Baldrich WJ, Busuttil RW, Baker JD, Baker JD, Vescera CL, Ahn SS, et al. Is the preferential use of poly-tetrafluoroethylene grafts for femoropopliteal bypass justified? J Vasc Surg 1988; 8: 219-228.
19. Londrey GL, Ramsey DE, Hodgson KJ, Barkmeier LD, Sumner DS. Infrapopliteal bypass for severe ischemia: comparison of autogenous vein, composite, and prosthetic grafts. J Vasc Surg 1991; 13: 631-636.
20. Veith FJ, Gupta SK, Ascer E, White-Flores S, Samson RH, Scher LA, et al. Six-year prospective multicenter randomized comparison of autologous saphenous vein and expanded polytetrafluoroethylene grafts in infrainguinal arterial reconstructions. J Vasc Surg 1986; 3: 104-114.
21. Hunink MGM, Wong JB, Donaldson MC, Meyerovitz MF, Harrington DP. Patency results of percutaneous and surgical revascularization for femoropopliteal arterial disease. Med Decis Making 1994; 14: 71-81.

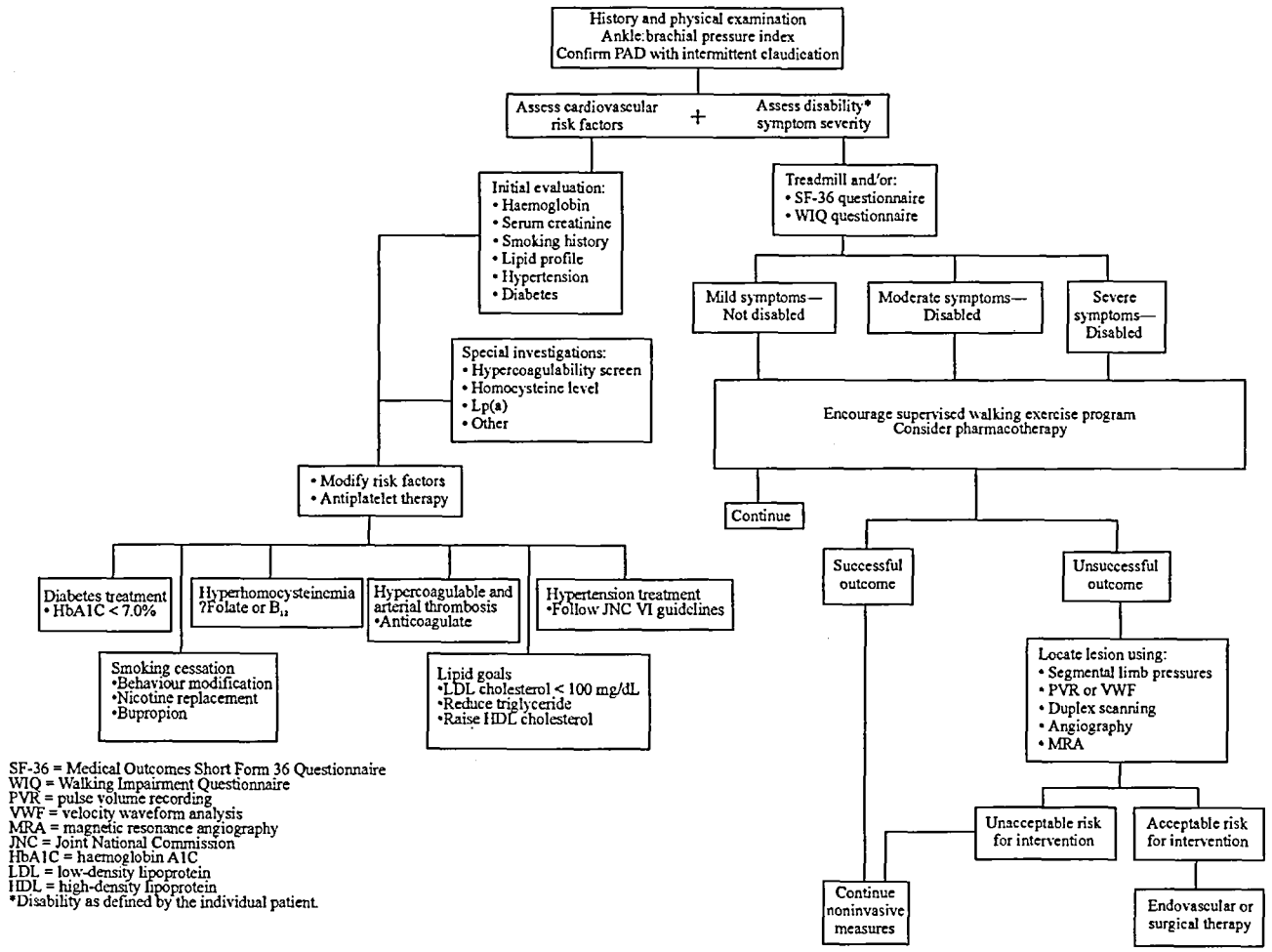
B 4.6
Management Algorithm for Intermittent Claudication

B 4.6.1
Basic Strategy Algorithm for Intermittent Claudication



SF-36 = Medical Outcomes Short Form 36 Questionnaire
WIQ = Walking Impairment Questionnaire
PVR = pulse volume recording
VWF = velocity waveform analysis
MRA = magnetic resonance angiography
JNC = Joint National Commission
HbA1C = haemoglobin A1C
LDL = low-density lipoprotein
HDL = high-density lipoprotein
*Disability as defined by the individual patient.

B 4.6.2
Complete Management Algorithm for Intermittent Claudication



SF-36 = Medical Outcomes Short Form 36 Questionnaire
WIQ = Walking Impairment Questionnaire
PVR = pulse volume recording
VWF = velocity waveform analysis
MRA = magnetic resonance angiography
JNC = Joint National Commission
HbA1C = haemoglobin A1C
LDL = low-density lipoprotein
HDL = high-density lipoprotein
*Disability as defined by the individual patient.

B 5
ECONOMIC ASPECTS OF INTERMITTENT CLAUDICATION

Cost data on the diagnosis or treatment of claudication appear to be very scarce in the medical and the economic literature. This is partly because analyses of claudicants have presented results on the global cost of the disease (including all types of patients) or instead of the Fontaine classification have used some other grouping method that renders interpretation of the results difficult. In other cases, the results concerned small numbers of patients with minimal description of the sampling methods and little external validity. In the results presented later in this document and also in Economic Aspects of Acute Limb Ischaemia and Economic Aspects of Critical Limb Ischaemia, costs are in US dollars with the European Euro in brackets, and local currencies were converted based on the Organisation for Economic Cooperation and Development (OECD) purchasing power parity index. The year of the study is indicated.

B 5.1.1
Diagnostic Strategies

When assessing diagnostic strategies for patients with claudication, the economic analysis can focus on (1) the most effective diagnostic strategy for a given individual, (2) the screening strategy for the population at large, or (3) a subset of those presenting risk factors (eg, smoking or cardiac disease). The investigations concern risk factors that could benefit from secondary